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International Mortality Trends at the Older Ages*

DURING the past two decades mortality among older people has decreased in many countries throughout the world. In the United States the age-adjusted death rate among white males at ages 65 and over fell from 81.7 per 100,000 in 1936-40 to 70.3 in 1951-55, but then rose somewhat, reflecting outbreaks of influenza. In 1956-58 the rate, 72.2 per 100,000, was 12 percent below that in the years immediately preceding World War II.

As the table on page 2 shows, the trend of mortality among white women at the older ages was more favorable than that among men. The death rate among the women at ages 65 and over dropped continuously from 68.9 per 100,000 in 1936-40 to 51.5 in 1956-58, or 25 percent. As a result of the sex differences in trend at ages 65 and over, the excess mortality among men, compared with women, increased from slightly less than 20 percent to 40 percent between 1936-40 and 1956-58.

The mortality trends for older people in the United States are not appreciably different from those in the other countries shown in Table 1. In fact, the improvement in mortality between 1936-40 and 1956-58 was slightly greater in the United States than in England and Wales and the English-speaking countries elsewhere. As the lower tier of the table indicates, whereas in the prewar period the mortality among males at ages 65 and over in England and Wales was 10 percent above that in our country, in 1956-58 the excess rose to 13 percent; for women the excess mortality increased from 1 percent to 7 percent. In Australia, the death rates at the older ages were below those for both men and women in the United States in 1936-40; since then the position of the two countries has been reversed. The rate of improvement in the United States since 1936-40 was the same or differed little

*This article is based on a paper, "Recent Trends in Mortality at the Older Ages in Countries of Low Mortality," by Mortimer Spiegelman, Associate Statistician, Metropolitan Life Insurance Company, presented at the Conference of the International Union for the Scientific Study of Population, New York, September 13, 1961.

from that in The Netherlands and the Scandinavian countries.

Table 2 compares the mortality in the Scandinavian countries with that in the West North Central States, the area of lowest mortality in the United States; the death rates are shown for 10-year age groups beginning with age 45 and relate to the period 1949-51. The mortality rates for males in Denmark and Sweden were about three fourths the rates in the West North Central States at ages 45-64, but the ratio rose to nine tenths at ages 65-74, and to about unity at ages 75-84. For females, the death rates in both Denmark and Sweden

TABLE 1—DEATH RATES* AT AGES 65 AND OVER, BY SEX, FOR SELECTED COUNTRIES OF LOW MORTALITY, SPECIFIED PERIODS FROM 1936 TO 1958

Period; Sex	United States (White)	England and Wales	Australia	New Zealand	Canada	France	Switzerland	Netherlands	Denmark	Norway	Sweden
	Death Rates per 1,000										
Males											
1936-40	81.7	89.8	81.0	74.3	71.9	96.4	89.7	73.4†	75.8	66.7	72.7
1941-45	76.3	79.0	83.8	77.5	72.2	95.0	84.2	82.3	69.5	60.9	65.7
1946-50	72.3	78.7	79.9	70.8	67.8	76.9	79.3	62.4	66.2	57.8	67.2
1951-55	70.3	84.1	79.5	70.2	66.8	78.5	76.5	61.6	63.9	55.4	64.5
1956-58	72.2	81.8	78.0	72.1	67.3	75.6	74.1	62.2	64.1	57.2	64.0
Females											
1936-40	68.9	69.3	62.9	63.1	63.0	72.5	75.0	69.0†	71.5	58.7	67.5
1941-45	62.0	59.7	64.3	64.0	61.1	71.4	68.4	73.4	66.4	52.5	60.2
1946-50	56.2	58.5	59.0	55.0	56.3	55.8	66.1	58.1	61.2	52.0	61.0
1951-55	51.9	58.0	56.4	53.7	52.5	54.4	60.4	55.3	58.1	48.4	57.1
1956-58	51.5	54.9	53.7	51.3	50.4	50.9	56.9	55.1	54.6	48.6	54.4
	Ratio of Death Rates: Specified Country to United States										
Males											
1936-40	1.00	1.10	.99	.91	.88	1.18	1.10	.90	.93	.82	.89
1941-45	1.00	1.04	1.10	1.02	.95	1.25	1.10	1.08	.91	.80	.86
1946-50	1.00	1.09	1.11	.98	.94	1.06	1.10	.86	.92	.80	.93
1951-55	1.00	1.20	1.13	1.00	.95	1.12	1.09	.87	.91	.79	.92
1956-58	1.00	1.13	1.08	1.00	.93	1.05	1.03	.86	.89	.79	.89
Females											
1936-40	1.00	1.01	.91	.92	.91	1.05	1.09	1.00	1.04	.85	.98
1941-45	1.00	.96	1.04	1.03	.99	1.15	1.10	1.18	1.07	.85	.97
1946-50	1.00	1.04	1.05	.98	1.00	.99	1.18	1.03	1.09	.93	1.09
1951-55	1.00	1.12	1.09	1.03	1.01	1.05	1.16	1.07	1.12	.93	1.10
1956-58	1.00	1.07	1.04	1.00	.98	.99	1.10	1.07	1.06	.94	1.06

*Age-adjusted on the basis of the age distribution of the total population of the United States, April 1, 1950.
†Average for 1937-40, using crude death rates for 1937-38.
Source: United Nations and World Health Organization.

TABLE 2—DEATH RATES PER 1,000 AT AGES 45 AND OVER, BY SEX SCANDINAVIAN COUNTRIES COMPARED WITH WEST NORTH CENTRAL STATES (WHITE POPULATION) OF THE UNITED STATES, 1949-51

Country	Males, at Ages					Females, at Ages				
	45-54	55-64	65-74	75-84	85 and Over	45-54	55-64	65-74	75-84	85 and Over
United States (white)	9.9	23.1	48.6	105.3	220.7	5.5	13.0	32.4	84.9	197.7
West North Central States (white)	8.3	19.4	43.6	102.6	225.1	4.7	11.1	29.2	81.6	199.0
Denmark	6.2	15.1	38.2	101.6	246.9	5.1	12.0	34.0	95.8	233.4
Norway	5.6	12.8	31.9	90.0	238.8	4.0	9.5	26.6	80.7	230.6
Sweden	6.0	15.2	38.7	104.7	255.1	4.9	11.8	32.9	97.5	240.8

Source: United Nations, World Health Organization, and National Vital Statistics Division, National Center for Health Statistics.

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were above those in the West North Central States in the entire range of ages past midlife; at ages 75-84 the excess mortality in these two Scandinavian countries was nearly one fifth. In Norway, however, middle-aged women did better than those in the West North Central States, but the advantage diminished with advance in age.

In interpreting the foregoing data it should be recognized that death rates are not an adequate index of the health status of the populations in countries of low mortality, particularly at the older ages. Mortality data fail completely as measures of such important health problems as mental health, the arthritic and rheumatic conditions, and malnutrition, all of which record their greatest incidence in later life. Moreover, much is yet to be learned regarding the influence of heredity on the health status of the aged. There is also need for data on international variations in the incidence, prevalence, and case fatality of specific diseases.

Mortality of the Native and the Foreign Born*

NEWCOMERS to the United States have always been at a disadvantage with regard to mortality and longevity, despite the fact that it was generally the healthier lives in the homeland who undertook to migrate. The higher mortality of the foreign born compared with the native born, particularly in the early decades of the century, has been attributable largely to such environmental factors as living

*This article is based on a paper, "Mortality of Native and Foreign-Born Population in the United States," by Paul H. Jacobson, Ph.D., Research Assistant, Statistical Bureau, Metropolitan Life Insurance Company, presented at the Conference of the International Union for the Scientific Study of Population, New York, September 13, 1961.

and working under unhealthful conditions, nutritional imbalances, and ignorance of available medical and public health facilities. However, as time went on, many of these handicaps diminished, and the immigrants more than shared in the spectacular reductions in mortality. Nevertheless, by mid-century the foreign born still experienced a higher death rate than the native population.

An insight into the trend of mortality among the native born and the foreign born in the period 1900 to 1950 may be gained from Table 1, which shows age-adjusted death rates for white males and white females at all ages combined and for two broad age groups, the division being made at the 45th birthday. Prior to age 45, the reduction in mortality was very rapid for both the native and the foreign

TABLE 1—DEATH RATES* PER 1,000, WHITE POPULATION BY SEX AND NATIVITY, UNITED STATES, 1900-1950

Period; Age	White Male		White Female	
	Native	Foreign Born	Native	Foreign Born
All Ages				
1900†	20.2	23.8	18.0	21.9
1910†	18.7	20.3	15.9	18.6
1920†	15.9	18.7	14.6	16.7
1930†	14.4	15.5	11.9	13.0
1940	13.1	15.3	9.9	12.5
1950	11.0	11.7	7.2	8.6
Percent decrease 1900 to 1950	46	51	60	61
Under Age 45				
1900†	13.5	15.3	12.0	13.5
1910†	10.9	11.4	9.2	10.6
1920†	8.4	10.9	7.7	9.0
1930†	5.9	6.7	4.8	5.1
1940	4.3	6.8	3.2	5.3
1950	2.8	2.9	1.8	2.3
Percent decrease 1900 to 1950	79	81	85	83
Ages 45 and over				
1900†	37.2	45.3	33.0	43.2
1910†	38.2	42.9	32.8	38.7
1920†	34.6	38.4	31.9	36.1
1930†	35.7	37.9	29.6	32.9
1940	35.4	36.8	26.6	30.5
1950	31.7	33.7	20.9	24.5
Percent decrease 1900 to 1950	15	26	37	43

*Age-adjusted on basis of age distribution of total population of the United States, April 1, 1950.
†Death-registration States.
Source of basic data: National Vital Statistics Division, National Center for Health Statistics.

TABLE 2—EXPECTATION OF LIFE, IN YEARS, AT AGES 45, 55, AND 65 FOR NATIVE AND TOTAL WHITE POPULATION BY SEX, UNITED STATES, 1900-02* AND 1949-51

Period; Age	White Male			White Female		
	Native	Total	Difference	Native	Total	Difference
Age 45						
1900-02	25.4	24.2	1.2	26.9	25.5	1.4
1949-51	27.0	26.9	.1	31.5	31.1	.4
Increase	1.6	2.7		4.6	5.6	
Age 55						
1900-02	18.4	17.4	1.0	19.6	18.4	1.2
1949-51	19.3	19.1	.2	22.9	22.6	.3
Increase	.9	1.7		3.3	4.2	
Age 65						
1900-02	12.0	11.5	.5	13.0	12.2	.8
1949-51	12.9	12.8	.1	15.2	15.0	.2
Increase	.9	1.3		2.2	2.8	

*Death-registration States.

Source: Figures for native population in 1949-51 were computed in Statistical Bureau, Metropolitan Life Insurance Company; all others are from reports by the Bureau of the Census and the National Vital Statistics Division, National Center for Health Statistics.

born. However, while among males the relative decrease was somewhat greater for the foreign born, among females the reverse was true. By 1950 the age-adjusted death rate for foreign-born males was only 0.1 per 1,000 above that for the natives; among females, the excess mortality of the foreign born was 0.5 per 1,000. Apparently the younger population of foreign birth has benefited greatly from the control of disease. Recent immigrants undoubtedly have a higher economic status and enjoy better living standards than did the newcomers of several decades ago.

At ages 45 and over, the excess mortality among the foreign born also diminished markedly. Again the trends for men and women differ. Among white men the age-adjusted death rate for the native born showed small and irregular decreases for several decades, but then fell from 35.4 per 1,000 in 1940 to 31.7 in 1950. For the foreign-born men the decreases were more marked and continuous, their rate dropping to 33.7 per 1,000 in 1950. As a result of these trends, the excess mortality among the foreign born, compared with the native population, diminished from 22 percent in 1900 to only 6 percent in 1950. Particularly noteworthy is the reduction in the excess mortality at ages 45-64 years, from more than 40 percent in 1900 to less than 10 percent in 1950.

The long-term decrease in the death rate at ages 45 and over has been greater for females than for males, with the foreign-born

women recording the most rapid gain. Since 1930, however, the reduction in mortality has been somewhat larger for the native women. Consequently, the mortality of the foreign-born women past midlife was still 17 percent above that of the native in 1950, whereas the excess had been as low as 11 percent in 1930 and as much as 31 percent in 1900.

The more favorable mortality trends for the foreign born than for the native born, particularly at the ages past midlife, have contributed appreciably to the gains in longevity for the white population as a whole in the first half of the century. This is evident from Table 2, which shows the expectation of life at ages 45, 55, and 65 in 1900-02 and in 1949-51. Thus, the expectation of life for native white men at age 45 increased from 25.4 to 27.0 years, or 1.6 years; the corresponding increase for white men as a group, including the foreign born, was 2.7 years. Consequently, while in 1900-02 the difference in expectation of life at age 45 between the native and the entire population of white males was 1.2 years, by 1949-51 the difference was only 0.1 year. For white women at age 45 the difference in longevity between the foreign born and the total decreased from 1.4 to 0.4 years during the half century. The excess mortality for the foreign born was so small by 1950 that if the entire excess past midlife were eliminated, only 0.1 year would be added to the expectation of life at age 45 for white men and only 0.4 years to that of white women.

Maternal Mortality in Recent Years

TRULY remarkable progress has been made in reducing the mortality associated with pregnancy and childbirth. Provisional figures indicate that there were only 1,360 maternal deaths in the United States during 1960, while births during the year totaled about 4¼ million. This is equivalent to a maternal mortality rate of 3.2 per 10,000 live births, or approximately one death in every 3,100 births.

Within the past decade alone, maternal mortality decreased nearly three fifths. Among white women

TABLE 1
MATERNAL MORTALITY BY AGE AND RACE, UNITED STATES, 1959
Percent Decline Since 1950

Age Period (Years)	Deaths per 10,000 Live Births, 1959		Percent Decline 1959 Since 1950	
	White	Nonwhite	White	Nonwhite
All Ages.....	2.6	10.2	57	54
Under 20....	1.7	6.2	62	59
20-24.....	1.4	6.0	61	50
25-29.....	2.0	8.9	56	58
30-34.....	3.3	15.0	57	60
35-39.....	6.4	22.3	56	57
40-44.....	10.9	42.5	60	33
45 and over..	14.0	72.5	74	15

Source: Reports of the National Vital Statistics Division, National Center for Health Statistics.

TABLE 2—MAJOR CAUSES OF MATERNAL MORTALITY BY RACE
United States, 1959 and 1950

Cause of Death	Deaths per 10,000 Live Births				Percent Decline 1959 Since 1950	
	White		Nonwhite		White	Nonwhite
	1959	1950	1959	1950		
All Causes	2.6	6.1	10.2	22.2	57	54
Toxemias	0.5	1.8	2.3	7.9	72	71
Hemorrhage	0.5	1.1	1.7	3.9	55	56
Abortion*	0.4	0.7	2.3	2.6	43	12
Sepsis	0.3	0.9	1.0	2.7	67	63
Ectopic pregnancy	0.2	0.3	1.1	1.9	33	42
Other complications	0.7	1.3	1.9	3.2	46	41

*Includes abortion with toxemia or sepsis.
Source: Reports of the National Vital Statistics Division, National Center for Health Statistics.

the rate fell from 6.1 per 10,000 live births in 1950 to 2.6 in 1959, a reduction of 57 percent; among the nonwhite the corresponding decrease was from 22.2 to 10.2 per 10,000 live births, or 54 percent. As Table 1 shows, very substantial improvement was recorded throughout the childbearing ages. Among white women, the maternal mortality rate has dropped to 1.4 per 10,000 live births at ages 20-24 and does not exceed 2.0 per 10,000 at any age group under 30. At the later childbearing ages, however, the maternal mortality rate is appreciably greater, being nearly 5 times as high at ages 35-39 as at 20-24 years; the hazards of maternity are even greater for women in their 40's.

The downward trend in maternal mortality rates among nonwhite women was not appreciably different from that among white women at all except the late childbearing ages, where the improvement was much smaller for the nonwhite. Currently, the mortality incidental to pregnancy and childbirth among nonwhite women is approximately 4 times that among white women throughout reproductive life.

Each of the major causes of maternal mortality decreased considerably in relative frequency during the 1950's among both white and nonwhite women; the details are shown in Table 2. Outstanding progress has been made in reducing the death toll from puerperal toxemia and from sepsis. Mortality from the toxemias fell more than 70 percent in each race—from 1.8 per 10,000 live births in 1950 to 0.5 in 1959 among white women and from 7.9 to 2.3 among the non-

white. The death rate from puerperal sepsis decreased about two thirds, while that from hemorrhage was reduced by more than half. The mortality associated with abortion has also fallen appreciably among white women; among the nonwhite, however, the reduction has been relatively small.

Various factors account for the persisting rapid decrease in maternal mortality. Early and continuous prenatal care has become increasingly available and growing numbers of women have been utilizing these services. Standards of obstetrical training and practice have been steadily rising while hospital facilities have been increasing and improving. Advances have been made in the use of anesthesia during delivery, while blood transfusions, antibiotics, better aseptic techniques, and other measures have facilitated the prevention and control of complications. Moreover, with the increase in the proportion of hospitalized births, obstetrical emergencies are more readily detected and managed.

Further reduction in maternal mortality depends largely on the strengthening of efforts to maintain the health of prospective mothers at a high level, in part through proper nutrition; to provide all pregnant women with early and adequate prenatal care; to improve further the various branches of obstetrical practice; and to detect complications early and treat them promptly. Fortunately, medical societies on national, regional, and local levels have organized programs to investigate these problems and have done much to eliminate preventable maternal deaths. However, major responsibility rests with the prospective mother to care for her health and to follow closely the recommendations of her physician.

Fewer Pedestrians Killed in Motor Vehicle Accidents

LIFE has become less hazardous for pedestrians on the streets and roadways of the United States. The toll of pedestrians killed in motor vehicle accidents decreased from 5.9 per 100,000 population in 1949 to 4.4 in 1959, a reduction of more than 25 percent. This is in sharp contrast to the rise from 15.4 to 17.1 per 100,000 in the death rate from other types of motor vehicle accidents, in which the large majority of victims are drivers and passengers.

Table 1 shows separately for males and females the recent trend of mortality from motor vehicle accidents involving pedestrians. The rate among males decreased from 9.0 per 100,000 in 1949 to 6.5 in 1959, or somewhat more than a fourth, while among females it fell from 2.8 to 2.4 per 100,000, or about a seventh. Although males recorded the greater improvement, the pedestrian accident death rate

among them is still 2.7 times that among females; in 1949, the ratio was 3.2 to 1.

The trend of the pedestrian accident death rate by sex and age is shown in Table 2; these data are somewhat at variance with the figures previously cited in that they relate to traffic accidents*. Among males the death toll resulting from pedestrians being struck by motor vehicles decreased in every age group except 15-24 years, where the rate remained virtually unchanged. Middle-aged and elderly men showed the greatest relative improvement between 1949 and 1959; at ages 45 and over the reduction was nearly two fifths. Among females the pedestrian accident death rate was down at every period of life, but generally not to the same degree as among males at the adult ages.

Autumn and winter are the most hazardous seasons for pedestrians, even though motor vehicle travel is not at a peak during those periods of the year. In 1958-59, fatal pedestrian accidents were at a minimum from May through July, but even then they accounted for an average of 17 deaths a day. The number of fatalities rose slightly in August but more rapidly thereafter, with the peak of 26 deaths a day occurring in December. The relatively unfavorable experience in the autumn and winter months reflects, in part, the longer hours of dusk and darkness, and the resulting decrease in visibility.

Although the mortality from pedestrian accidents has been reduced appreciably, it still accounts for a very considerable toll. Currently, there are about 7,800 pedestrians fatally injured a year, more than half of them persons at ages 45 and over. Various measures can be taken to further pedestrian safety. In places where pedestrian accidents are relatively frequent, hazards can be reduced by the installation of crosswalks, walk signals, better street lighting, pedestrian barriers, and similar devices.

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TABLE 1
MORTALITY FROM MOTOR VEHICLE ACCIDENTS INVOLVING PEDESTRIANS
United States, 1949 to 1959

Year	Death Rate per 100,000 Population			
	Motor Vehicle—Total	Pedestrians		
		Both Sexes	Male	Female
1959*	21.5	4.4	6.5	2.4
1958	21.3	4.4	6.5	2.4
1957	22.7	4.6	6.9	2.4
1956	23.7	4.7	7.2	2.4
1955	23.4	5.0	7.4	2.6
1954	22.1	5.0	7.4	2.6
1953	24.0	5.5	8.4	2.7
1952	24.3	5.7	8.7	2.8
1951	24.1	6.0	9.1	2.9
1950	23.1	6.0	9.1	2.9
1949	21.3	5.9	9.0	2.8

*Includes Alaska but not Hawaii.

Source of basic data: Reports of the National Vital Statistics Division, National Center for Health Statistics.

*Traffic accidents are those which occur on public streets and highways, and account for 93 percent of the total motor vehicle accident mortality among pedestrians.

TABLE 2—MORTALITY FROM TRAFFIC ACCIDENTS INVOLVING PEDESTRIANS
By Sex and Age. United States, 1949 and 1959

Age Period (Years)	Death Rate per 100,000 Population				Percent Change 1959 Since 1949	
	Male		Female		Male	Female
	1959*	1949	1959*	1949		
All Ages	6.1	8.5	2.2	2.7	−28	−19
1- 4	5.3	6.5	3.2	4.2	−18	−24
5- 9	6.6	8.9	3.3	4.3	−26	−23
10-14	2.5	3.2	0.8	1.5	−22	−47
15-19	3.0	3.0	0.9	1.1	0	−18
20-24	3.0	2.9	0.5	0.6	+ 3	−17
25-44	3.2	3.8	0.8	0.9	−16	−11
45-64	7.1	11.7	2.3	2.9	−39	−21
65-74	19.1	31.5	6.8	8.8	−39	−23
75 and over	34.3	54.7	10.0	13.2	−37	−24

*Includes Alaska but not Hawaii.
Source of basic data: Reports of the National Vital Statistics Division, National Center for Health Statistics.

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Greater use can be made of adult schoolcrossing guards and of school safety patrols. Through intensified educational programs, both drivers and pedestrians should be made aware of their serious responsibilities in modern traffic. Many communities throughout the country need to modernize their traffic regulations and to enforce them strictly. Special emphasis should be given to pedestrian safety in urban areas, where the problem is largely concentrated.

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Company's Exhibit at the American Public Health Association Meeting

Everyone attending the 89th Annual Meeting of the American Public Health Association in Detroit, Michigan, November 13-17, is cordially invited to visit the Metropolitan Life Insurance Company exhibit, **"TEEN-AGE DRIVING ACCIDENTS REACH NEW HIGH,"** displayed in booths 605 and 606, Cobo Hall.

The exhibit highlights the nationwide problem which causes so many deaths among young people.

Safety education materials will accompany the exhibit.

MORTALITY FROM SELECTED CAUSES

Industrial Policyholders, Metropolitan Life Insurance Company
August 1961

Cause of Death	Annual Rate per 100,000 Policyholders*				
	August		Year to Date		
	1961	1960	1961	1960	1959
All Causes	654.9	629.2	702.3	696.4	680.3
Tuberculosis (all forms)	5.6	5.0	5.5	5.9	5.7
Communicable diseases of childhood	0.1	0.1	0.1	0.1	0.1
Acute poliomyelitis	—	0.2	†	0.1	0.1
Malignant neoplasms	148.1	140.4	149.7	144.9	143.7
Digestive system	48.1	48.7	48.4	48.5	49.3
Respiratory system	23.3	21.4	23.8	21.9	21.5
Diabetes mellitus	13.8	14.2	15.9	15.9	15.5
Diseases of the cardiovascular-renal system	341.1	331.4	378.0	372.9	365.0
Vascular lesions, central nervous system	62.3	63.3	67.9	69.8	69.1
Diseases of heart	252.5	242.5	281.5	275.8	268.9
Chronic rheumatic heart disease	9.9	11.2	12.1	11.5	10.9
Arteriosclerotic and degenerative heart disease	205.0	192.0	227.3	220.8	213.3
Diseases of coronary arteries	118.4	115.9	132.5	129.7	126.9
Hypertension with heart disease	25.3	26.0	29.5	30.9	32.0
Other diseases of heart	12.3	13.3	12.6	12.7	12.6
Nephritis and nephrosis	6.5	6.0	6.9	7.0	7.5
Pneumonia and influenza	13.0	14.7	18.6	24.9	19.8
Complications of pregnancy, childbirth	0.4	0.4	0.7	0.7	0.7
Suicide	6.5	6.0	6.4	6.3	6.8
Homicide	2.6	2.6	2.9	2.8	2.8
Accidents—total	37.2	32.2	33.0	32.6	33.5
Motor vehicle	15.0	12.1	13.9	13.6	14.3
All other causes	86.5	82.0	91.5	89.3	86.6

*These death rates relate to persons insured under Weekly or Monthly premium-paying Industrial policies and Monthly premium-paying Ordinary policies for small amounts of insurance.
†Less than 0.05.
Note: Rates for 1960 and 1961 are provisional.

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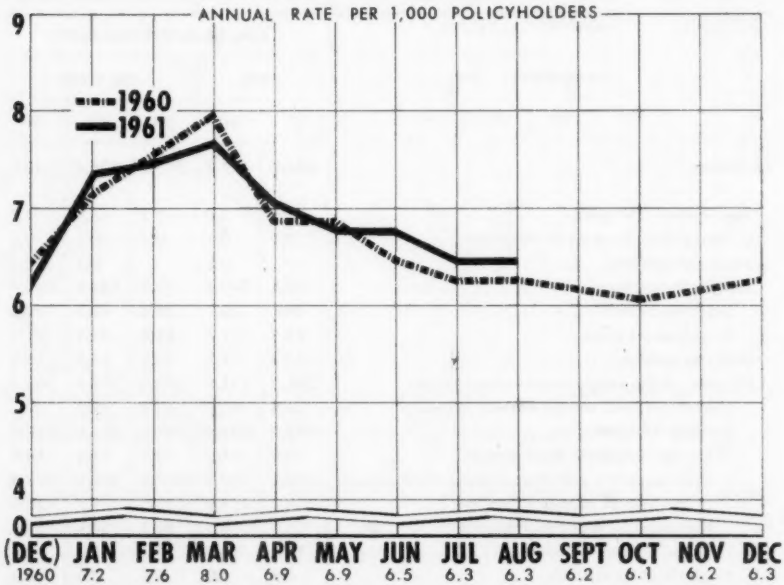
Please notify us promptly of any change of mailing address.

MORTALITY FROM ALL CAUSES

INDUSTRIAL POLICYHOLDERS · METROPOLITAN LIFE INSURANCE COMPANY



(DEC)	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
1960	7.2	7.6	8.0	6.9	6.9	6.5	6.3	6.3	6.2	6.1	6.2	6.3
1961	7.4	7.5	7.7	7.1	6.8	6.8	6.5	6.5				

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